Project:

MATERIAL TRANSFER LOG

DATE OF SAMPLE TRANSFER:_____

SIGNATURE OF RECIPIENT:_____

Printed name:_____

SIGNATURE OF PROJECT REPRESENTATIVE_____

Printed name:_____

ID	Sample Type	Date Sample Obtained	Box	Row	Column	Amount	Date Transferred	Comments
55555	Serum	1/1/2000	1	2	3	1 ml	2/22/2012	